Document Description: Transmittal Letter

PTO/SB/21 (07-09) 2012. OMB 0651-0031

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TRANSMITTAL			Application Number 10/5		10/537,284			
					6/01/2005			
FORM			First Named Inventor	Scia	Scian, Anthony F.			
			Art Unit	2444	2444			
(to be used for all correspondence after initial filling)		Examiner Name	Dona	Donabed, Ninos J.				
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ENCLOSURES (Check all that apply)								
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Amendment/Reply			Petition				of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
			Petition to Convert to a Provisional Application				Proprietary Information	
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Existing to time request			Request for Refund				Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name Bereskin & Parr LLP/S.E.N.C.R.L., s.r.I.								
Signature								*****
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Date Aguil 13, 2010			Reg. N	10.	43,390			
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I hereby certify the sufficient postage the date shown be	as first class mail in an env	eing facsin /elope add	mile transmitted to the US dressed to: Commissioner	PTO or d	leposit	ed with O. Box	the United States Postal Service with 1450, Alexandria, VA 22313-1450 on	*****
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This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a boundf by the public which is is file (and by the USFTO.10 process) an application. Confidentiality is governed by 39 U.S. C. 122 and 37 CFR 1.11 and 1.4. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Then will vary depending upon the Individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burdon, should be sent to the Christ Information (V. U.S. Patient and Trademark Office, To. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patients, P.O. Box 1430, Alexandria, VA 2213-1480, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.